

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED
OMB NO. 0938-0391

454 12/25/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445132	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER SEVIER CO HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 415 CATLETT RD SEVIERVILLE, TN 37862		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS	K 000			
K 015 SS=D	<p>The facility is a single story, LSC construction type minimally II(111), fully sprinklered. The facility has 149 licensed beds and the census on first day of this survey was 149.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the interior finish on walls in rooms, separated from the corridors, is Class C.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance supervisor on November 9, 2010, at 9:45 a.m., in the maintenance supervisor's office revealed a partition separating the office from the storage room was finished with wood paneling and documentation for a flame spread rating of Class C was not provided.</p>	K 015	<p>Corrective action taken to ensure that facility complies with NFPA 101 Life safety code regarding partition separating office from storage room in maintenance office.</p> <p>Wall separating maintenance office from storage room to be brought up to a Class C rating to comply with 12/22/10 NFPA 101 Life safety code with flame retardant coating or flame retardant drywall and documentation will be kept on file.</p>		
K 021 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or</p>	K 021			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 021	Continued From page 1 hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the doors in the corridors, with fire exit hardware, closed to a positive latch (NFPA 80, 1999 Edition, 2-1.2, 2-4.1.4, 2-4.4.3). The findings include: Observation on November 9, 2010, between 10:00 a.m. and 11:45 a.m., with the maintenance assistant in attendance, revealed the following cross corridor doors, with fire exit door hardware, did not close to a positive latch: near room 101, 122, 202, S12, and near the laundry room.	K 021	Corrective action accomplished to ensure that facility complies with NFPA 80 regarding positive latch of corridor fire doors near Room 101, 122, 202, S2 and near Laundry room. All doors have been serviced and 11/15/10 oiled and adjusted by Maintenance to ensure positive latching. To be checked by maintenance on a monthly bases along with fire drills and recorded.		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When	K 029			

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K 029	<p>Continued From page 2</p> <p>the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the doors to hazardous area enclosures are self-closing to a positive latch.</p> <p>The findings include:</p> <p>Observation on November 9, 2010, at 10:30 a.m., with the maintenance assistant in attendance, revealed two of two corridor doors into the laundry area did not self-close to a positive latch.</p>	K 029	<p>Corrective action accomplished to ensure that Facility complies with NFPA 101 Life safety code regarding positive latch of two Laundry doors</p> <p>Laundry doors have been adjusted and maintenance to ensure positive latch. 11/15/10</p> <p>Laundry doores to be checked daily by Laundry personel and reported to Maintenance if repairs needed. Maintencanc to check doors monthly and recorded.</p>		